



NASSAU COUNTY DEPARTMENT OF ASSESSMENT
240 OLD COUNTRY ROAD, 4TH FLOOR
MINEOLA, NY 11501
ATTN: ASIE COMPLIANCE

ASIE-2005
NURSING HOME
ANNUAL SURVEY
OF INCOME AND
EXPENSE

PROPERTY IDENTIFICATION

LIST ONLY THE PRIMARY SECTION, BLOCK & LOT

SECTION

BLOCK

LOT

PROPERTY ADDRESS

INCLUDE TOWN AND ZIP CODE

YOU MAY CONSOLIDATE YOUR FILING FOR CONTIGUOUS PROPERTIES THAT ARE COMMONLY OWNED AND OPERATED

DOES THIS SUBMISSION INCLUDE MORE THAN ONE TAX LOT?

CHECK YES ☐ OR NO ☐

CHECK IF RELEVANT ☐ ALL LOTS ARE CONTIGUOUS
☐ ADDITIONAL LOTS ARE LISTED ON AN ATTACHED SHEET
☐ ALL LOTS ARE OPERATED AS AN ECONOMIC UNIT

IF YES, INDICATE THE NUMBER OF TAX LOTS _____
AND LIST THEM BELOW ↓

SECTION		BLOCK		LOT		SECTION		BLOCK		LOT	
SECTION		BLOCK		LOT		SECTION		BLOCK		LOT	
SECTION		BLOCK		LOT		SECTION		BLOCK		LOT	

CONTACT INFORMATION

OWNER OR OPERATOR'S NAME ☐ OWNER ☐ OPERATOR

ORGANIZATION

CONTACT PERSON

CONTACT PERSON'S RELATIONSHIP TO PROPERTY

CONTACT'S DAYTIME TELEPHONE

E-MAIL ADDRESS

PROPERTY DESCRIPTION AND USE

TOTAL NUMBER OF BUILDINGS

NUMBER OF STORIES MAIN BUILDING

TOTAL GROSS AREA ALL BLDGS

LOT SIZE OR ACREAGE

NURSING HOME OCCUPANCY IN 2005

%

NURSING HOME NAME -

TOTAL NUMBER OF BEDS

TOTAL NUMBER OF ROOMS

NUMBER OF BED DAYS MEDICARE/MEDICAIDE CLIENTS

NUMBER OF BED DAYS SELF PAY CLIENTS

NUMBER OF BED DAYS INSURANCE PAY CLIENTS

LIST OTHER COMMERCIAL TENANTS BY NAME AND PREDOMINANT USE. FILERS MAY ATTACH A COMPUTERIZED LISTING OR RENT ROLL.

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PARKING

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DOES THIS SUBMISSION INCLUDE PARKING YES ☐ NO ☐ IF YES, LIST BELOW


OUTDOOR PARKING		INDOOR PARKING	
TOTAL NUMBER OF SPACES		TOTAL NUMBER OF SPACES	
23 NUMBER OF PAID SPACES (IF ANY)		NUMBER OF PAID SPACES (IF ANY)	
MONTHLY RATE	\$	MONTHLY RATE	\$
IS PARKING SHARED BY OTHER PROPERTIES? YES <input type="checkbox"/> IF YES, LIST THEM HERE -			


PROPERTY LEASE INFORMATION


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IS THE PROPERTY LEASED BETWEEN RELATED PARTIES? THIS INCLUDES PARTIES THAT ARE RELATED THROUGH BLOOD OR MARRIAGE AND BUSINESS ENTITIES UNDER COMMON CONTROL.
YES ☐ NO ☐

IS THIS PROPERTY SUBJECT TO A NET LEASE? YES ☐ NO ☐
IF YES, CHECK APPROPRIATE BOX BELOW

☐ NET LEASE - A LEASE REQUIRING THE TENANT TO PAY, IN ADDITION TO A FIXED RENTAL, MANY OF THE EXPENSES FOR THE OPERATION OF THE PROPERTY - INDICATE THE NET LEASE AMOUNT IN THE SPACE PROVIDED HERE \$  _____ AND IN THE APPROPRIATE SECTIONS ON THE INCOME & EXPENSE FORM. IN ADDITION, YOU MUST REPORT ANY EXPENSES YOU ARE RESPONSIBLE FOR IN THE APPROPRIATE SECTIONS OF THE INCOME & EXPENSE FORMS.

☐ TRIPLE NET LEASE - A LEASE WHICH OBLIGATES THE TENANT TO PAY ALL OF THE EXPENSES OF THE LEASED PROPERTY, SUCH AS TAXES, INSURANCE, MAINTENANCE, UTILITIES, ETC. INDICATE THE TRIPLE NET LEASE AMOUNT IN THE SPACE PROVIDED HERE  \$ _____ AND IN THE APPROPRIATE SPACE ON THE INCOME AND EXPENSE FORM. PLEASE REFER TO THE INCOME AND EXPENSE FORM ATTACHED FOR FURTHER INSTRUCTIONS FOR TENANTS AND OPERATORS.

☐ GROUND LEASE - A LEASE OF VACANT LAND, OR LAND EXCLUSIVE OF THE BUILDING(S) ON IT. INDICATE THE GROUND RENT IN THE SPACE PROVIDE HERE  \$ _____ AND IN THE APPROPRIATE SPACE ON THE INCOME AND EXPENSE FORM. PLEASE REFER TO THE INCOME AND EXPENSE FORM ATTACHED FOR FURTHER INSTRUCTIONS FOR TENANTS AND OPERATORS.

SALES INFORMATION (within last 5 years)

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WAS THE PROPERTY ACQUIRED IN AN ARMS-LENGTH TRANSACTION WITHIN THE LAST 5 YEARS? YES ☐ NO ☐
AN ARM'S LENGTH TRANSACTION - IS A LEGAL TERM MEANING THAT THERE EXISTED NO SPECIAL RELATIONSHIP BETWEEN THE PARTIES INVOLVED IN ANY MANNER WHICH WOULD TAINT THE RESULT.

MONTH AND YEAR OF SALE _____ PURCHASE PRICE \$ _____

MAJOR CAPITAL IMPROVEMENTS (within last 5 years)

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A CAPITAL IMPROVEMENT IS A PHYSICAL ALTERATION, RENOVATION, REHABILITATION, REMODELING, CONVERSION, ADDITION OR EXTENSION MADE TO THE REAL PROPERTY WHICH HAS AN EXPECTED LIFE OF GREATER THAN 5 YEARS.

IMPROVEMENTS	DATE	COST / LIFE

ATTACHMENTS AND CERTIFICATION

I certify, under penalty of perjury, that the information contained within this form and the attached Income and Expense Statement is accurate and truthful.

SIGNATURE

NAME(PRINT)

DATE

NURSING HOME INCOME		SECTION	BLOCK	LOT	ASIE-2005 NURSING HOME	
COMPLETE THIS PORTION IF FILED BY TENANT, LESSEE, OCCUPANT, OPERATOR OR OWNER-OPERATOR <div style="text-align: right;">↓</div>						
GROSS OPERATING INCOME						
				2004 GROSS RECEIPTS (\$)	2005 GROSS RECEIPTS (\$)	
28	MEDICARE/MEDICAID INCOME FOR CLIENTS					
29	SELF PAY			\$	\$	
30	INSURANCE PAY			\$	\$	
31	OTHER INCOME (DETAIL BELOW)			\$	\$	
32	TOTAL NURSING HOME INCOME (ADD LINES 28 THRU 31)			\$	\$	
COMPLETE THIS PORTION IF FILED BY OWNER AND PROPERTY IS LEASED TO A NON-RELATED PARTY <div style="text-align: right;">↓</div>						
GROSS RENTAL INCOME		NUMBER OF UNITS OR SPACES	GROSS SQUARE FEET	NUMBER OF VACANT UNITS	2005 GROSS INCOME (\$)	
33	LEASED PARKING FACILITIES				\$	
34	STORES				\$	
35	OFFICES				\$	
36	GROUND RENT				\$	
37	OWNER OCCUPIED (DETAIL BELOW)				\$	
38	SERVICES				\$	
39	R E TAX ESCALATION				\$	
40	OPERATING ESCALATION				\$	
41	SALE OF UTILITIES				\$	
42	SIGNAGE / BILLBOARD				\$	
43	CELL TOWERS / ANTENNA				\$	
44	OTHER (DETAIL BELOW)				\$	
45	TOTAL GROSS RENTAL INCOME (ADD LINES 33 THRU 44)				\$	
NOTES -						

NURSING HOME EXPENSE		SECTION	BLOCK	LOT	ASIE-2005 NURSING HOME	
ENTER EXPENSES FOR APPLICABLE ITEMS ONLY <div>↓</div>						
				2004 EXPENSES	2005 EXPENSES	
46	FIXED OR MINIMUM RENT			\$	\$	
47	PERCENTAGE RENT			\$	\$	
48	REAL ESTATE TAXES PAID BY LESSEE			\$	\$	
49	COMMON AREA MAINTENANCE (EXCLUDING TAXES AND INTEREST)			\$	\$	
50	MANAGEMENT PAYROLL			\$	\$	
51	OFFICE PAYROLL			\$	\$	
52	BUSINESS PAYROLL			\$	\$	
53	PAYROLL TAX AND BENEFITS			\$	\$	
54	FUEL			\$	\$	
55	ELECTRICITY			\$	\$	
56	WATER & SEWER			\$	\$	
57	PROPERTY INSURANCE			\$	\$	
58	PERSONAL INSURANCE			\$	\$	
59	MANAGEMENT (EXCLUDING MANAGEMENT PAYROLL)			\$	\$	
60	REPAIRS AND MAINTENANCE TO REAL PROPERTY			\$	\$	
61	LEASING COMMISSION			\$	\$	
62	BUSINESS TAX			\$	\$	
63	OFFICE EXPENSE			\$	\$	
64	MISCELLANEOUS CHARGES			\$	\$	
65	TOTAL RENTAL EXPENSES			\$	\$	
66	OTHER EXPENSES (DETAIL BELOW)			\$	\$	
67	TOTAL EXPENSE			\$	\$	
NOTES -						

